



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code	0000	(Current Period)	0000	(Prior Period)	NAIC Company Code	95453	Employer's ID Number	38-2396958
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]							
Incorporated/Organized	12/03/1981				Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE (Street and Number)				Grand Rapids, MI 49546 (City or Town, State and Zip Code)			
Main Administrative Office	829 Forest Hills Ave SE (Street and Number) Grand Rapids, MI 49546 (City or Town, State and Zip Code)							
					616-949-2410 (Area Code) (Telephone Number)			
Mail Address	829 Forest Hills Ave SE (Street and Number or P.O. Box)				Grand Rapids, MI 49546 (City or Town, State and Zip Code)			
Primary Location of Books and Records	829 Forest Hills Ave SE (Street and Number) Grand Rapids, MI 49546 (City or Town, State and Zip Code)							
					616-949-9944-122 (Area Code) (Telephone Number)			
Internet Website Address	gvhp.com							
Statutory Statement Contact	Pamela Lea Silva (Name) silvap@gvhp.com (E-mail Address)				616-949-9944-122 (Area Code) (Telephone Number) (Extension) 616-949-9948 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Roland E Palmer	President	Thomas W Schouten	Treasurer/Secretary
Pamela L Silva	Vice President/COO		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Roland E Palmer	Thomas W Schouten	James T Kerby	Lucille I Grimm
Robert Schirado	Pamela L Silva	Herbert A Start	Virginia Smith
Hugh Jack	Kathy Lentz		

State ofMichigan.....

County ofKent.....

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer President	Thomas W Schouten Treasurer/Secretary	Pamela L Silva Vice President/COO
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Subscribed and sworn to before me this
28 day of February, 2011

MJ Pearson
12/23/2013

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 02/28/2011
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,137,931		1,133,011		4,920	
2. Medical furniture, equipment and fixtures	1,539,010		1,537,973			1,037
3. Pharmaceuticals and surgical supplies	279,115					279,115
4. Durable medical equipment						
5. Other property and equipment	561,630		561,630			0
6. Total	3,517,686	0	3,232,614	0	4,920	280,152



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2010				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,558	77	6,041				1,440			
2. First Quarter	7,547	78	6,040				1,429			
3. Second Quarter	7,735	70	6,240				1,425			
4. Third Quarter	7,783	71	6,299				1,413			
5. Current Year	7,953	71	6,477				1,405			
6. Current Year Member Months	92,572	869	74,632				17,071			
Total Member Ambulatory Encounters for Year:										
7. Physician	27,989	285	22,321				5,383			
8. Non-Physician	7,870	79	6,312				1,479			
9. Total	35,859	364	28,633	0	0	0	6,862	0	0	0
10. Hospital Patient Days Incurred	1,313	51	1,011				251			
11. Number of Inpatient Admissions	373	12	284				77			
12. Health Premiums Written (b).....	29,464,038	278,923	22,473,609				6,711,506			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	29,464,038	278,923	22,473,609				6,711,506			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	27,570,891	258,816	22,227,787				5,084,288			
18. Amount Incurred for Provision of Health Care Services	27,180,360	255,150	21,912,939				5,012,271			

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



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		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,558	77	6,041	0	0	0	1,440	0	0	0
2. First Quarter	7,547	78	6,040	0	0	0	1,429	0	0	0
3. Second Quarter	7,735	70	6,240	0	0	0	1,425	0	0	0
4. Third Quarter	7,783	71	6,299	0	0	0	1,413	0	0	0
5. Current Year	7,953	71	6,477	0	0	0	1,405	0	0	0
6. Current Year Member Months	92,572	869	74,632	0	0	0	17,071	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	27,989	285	22,321	0	0	0	5,383	0	0	0
8. Non-Physician	7,870	79	6,312	0	0	0	1,479	0	0	0
9. Total	35,859	364	28,633	0	0	0	6,862	0	0	0
10. Hospital Patient Days Incurred	1,313	51	1,011	0	0	0	251	0	0	0
11. Number of Inpatient Admissions	373	12	284	0	0	0	77	0	0	0
12. Health Premiums Written (b).....	29,464,038	278,923	22,473,609	0	0	0	6,711,506	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	29,464,038	278,923	22,473,609	0	0	0	6,711,506	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	27,570,891	258,816	22,227,787	0	0	0	5,084,288	0	0	0
18. Amount Incurred for Provision of Health Care Services	27,180,360	255,150	21,912,939	0	0	0	5,012,271	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 Totals											

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	462	546	515	428	484
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	197	0	494	585	100
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	4,584,132		4,584,132
2. Accident and health premiums due and unpaid (Line 15).....	568,464		568,464
3. Amounts recoverable from reinsurers (Line 16.1).....	196,908		196,908
4. Net credit for ceded reinsurance.....	XXX	196,908	196,908
5. All other admitted assets (Balance).....	674,491		674,491
6. Total assets (Line 28)	6,023,995	196,908	6,220,903
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,645,592	0	1,645,592
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	336,642		336,642
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	712,448		712,448
13. Total liabilities (Line 24).....	2,694,682	0	2,694,682
14. Total capital and surplus (Line 33).....	3,329,313	XXX	3,329,313
15. Total liabilities, capital and surplus (Line 34)	6,023,995	0	6,023,995
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	196,908		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	196,908		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	196,908		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	5
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
						Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

18.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
19.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
20.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?

.....YES.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

23.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

EXPLANATION:

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

BAR CODE:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	 9 5 4 5 3 2 0 1 0 4 2 0 0 0 0 0 0
15.	 9 5 4 5 3 2 0 1 0 3 7 1 0 0 0 0 0
16.	 9 5 4 5 3 2 0 1 0 3 7 0 0 0 0 0 0
17.	 9 5 4 5 3 2 0 1 0 3 6 5 0 0 0 0 0
18.	 9 5 4 5 3 2 0 1 0 3 0 6 0 0 0 0 0
19.	 9 5 4 5 3 2 0 1 0 2 1 1 5 9 0 0 0
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